

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF ARKANSAS
TEXARKANA DIVISION

FILED
U.S. BANKRUPTCY COURT
EAST & WEST DIST. OF AR

JUN -9 2016

JEAN ROLFS, CLERK by 

In re:

MEYER'S BAKERIES, INC.
MCC TRANSPORTATION COMPANY, INC.

Case No. 05-70837 RDT

Chapter 7

Debtor(s).

APPLICATION FOR UNCLAIMED FUNDS

I, the undersigned, under penalty of perjury under the laws of the United States of America, declare (or certify, verify, or state) that I am legally entitled to claim these funds and that the following statements and information are true and correct:

1. I am applying to receive \$7,269.64, the total of all money deposited with the court by the trustee, on behalf of the Owner of Record whose name is Master Packaging, Inc. (Star Packaging, LLC is the successor to Master Packaging, Inc. and is a wholly-owned subsidiary of InterFlex Group).
2. Star Packaging, LLC's SSN/Tax ID# is [REDACTED] 163.
3. Please check and complete only the ONE applicable subparagraph below.

☐ I am the Owner of Record named in paragraph 1, or, if not an individual, I am an employee of the Owner of Record and I am authorized by the Owner of Record to file this application and my title is (e.g., owner, partner, etc.)

☐ 2. I am a Successor Claimant, not the Owner of Record, and I am authorized to file this petition. The following is a brief history of the chain of ownership from the Owner of Record named in Section 1 to the Applicant, which includes, if applicable, identification of any sale of the company and the new and prior owner(s). Attach additional sheet(s) if necessary.

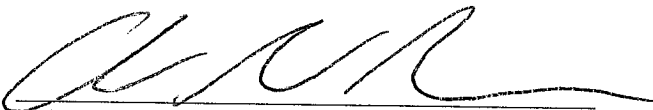
☒ 3. I am a Claimant Representative (i.e., funds locator) whose name, title, and address is

Pioneer Funding Group, LLC
Attn: Adam D. Stein-Sapir
Greeley Square Station
P.O. Box 20188
New York, NY 10001

The Claimant/Creditor's current mailing address and telephone number is:

Star Packaging, LLC
Attn: Bill Elkin, Chief Financial Officer
3200 West NC Hwy 268
Wilkesboro, NC 28697
Tel: 336-921-3505

4. I have no knowledge that any other party may be entitled to these funds and am not aware of any dispute regarding these funds.
5. Enclosed is a photocopy of photo identification (e.g., driver's license or passport) of the applicant named below.
6. Enclosed is supporting documentation for this claim as required by the Procedures for Claiming Unclaimed Funds which is listed on this court's website.
7. I understand that, pursuant to 18 U.S.C. §152, I will be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.
8. On June 8, 2016, I mailed BOTH: (a) the ORIGINAL of this document (fully completed) to the office of the Clerk, U.S. Bankruptcy Court, 300 W. Second St., Little Rock AR 72201; AND (b) a COPY to the U.S. Attorney at P. O. Box 1524, Fort Smith, AR 72902 (Western District) or P. O. Box 1229, Little Rock, AR 72203 (Eastern District), per 28 U.S.C. §2042.



Adam D. Stein-Sapir, Managing Member
Pioneer Funding Group, LLC

June 8, 2016

(646) 237-6969
Greeley Square Station
P.O. Box 20188
New York, NY 10001

Notary Signature and Seal:

State of New York }
County of Queens } SS}

On this 8 day of June, 2016, before me personally came Adam D Stein - Sapir

To me known to be the individual described in and who executed the foregoing instruments and acknowledge that he/she executed the same.


Notary Public